STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966900	R **03/14/2018**
NAME OF PROVIDER OR SUPPLIER **TROPICAL PARADISE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14112 SW 145 PLACE** **MIAMI, FL 33186**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint (CCR #2017010853) Second Revisit Survey was conducted on 03/14/2018. Tropical Paradise ALF, Inc. (license # 11040) had no deficiencies found at the time of the survey.